

indigestion, which, in turn causes pain and crying, and a constant rise in the intra-abdominal pressure.

The habit of applying a tight abdominal binder during infancy no doubt predisposes the child to the formation of a hernia, even if it is not actually responsible for the condition. This binder serves no useful purpose, except during the separation of the cord and the practice should be discontinued.

Congenital inguinal, or femoral hernia, in females is rare, though the umbilical variety is common, and is readily cured in both sexes by simple means. A retentive apparatus in the female is only necessary when the hernia becomes rapidly larger or is painful. There is a singular tendency in female babies to the escape of the pelvic organs of generation through the canal of neck. Strangulation is very rare in infancy or young children.

A truss on a diapered infant is a great nuisance, is continually soiled, difficult to keep clean and, if not perfectly fitting, is a source of misery to the little patient.

Ochsner has shown that a large percentage of herniæ in children will heal spontaneously if the increased intra-abdominal pressure is relieved. This is accomplished by means of trusses, or better and more rapidly by placing the child in bed with the lower end elevated to an angle of 20 or 30 degrees with the floor, the time usually required not exceeding six weeks. The mother must not carry the child but nurse it by leaning over the child's crib, or at least place it back in bed in its inverted position as soon as fed. Coughs, constipation and phimosis should be cured, and by the administration of a suitable diet, given at regular intervals, gaseous distension of the bowels and increased abdominal pressure are avoided.

All herniated children should be kept on their backs or buttocks as long as possible. The prone position or sitting posture is most favorable to recovery. The creeping posture distributes abdominal pressure, and so relieves tension on the herniated region, and promotes a cure. The child should not be allowed to walk for this brings the weight of the superincumbent abdominal viscera on the weakened areas.

Among the poor, the writer has had ample opportunity of judging from an extensive experience gained at the out-patient department of the Hospital for Sick Children, Toronto, the treatment of infantile hernia is very unsatisfactory. It is almost im-